



## General

#### Title

Physical activity in older adults: the percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity.

## Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

# Measure Domain

# Primary Measure Domain

Clinical Quality Measures: Process

# Secondary Measure Domain

Does not apply to this measure

# **Brief Abstract**

# Description

This measure is used to assess the percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity.

This measure is collected using the Medicare Health Outcome Survey (HOS). Results are calculated by the

National Committee for Quality Assurance (NCQA) using data collected in the combined baseline and follow-up survey samples from the same measurement year.

#### Rationale

Despite the proven benefits of regular physical activity on the health of older adults, over half of the older population is sedentary (47 percent of older adults 65 to 74 years of age and 61 percent of adults over 75 do not engage in physical activity) ("Increasing," 2001; U.S. Preventive Services Task Force [USPSTF], 1996). Less than a third of the elderly population is regularly active. In particular, older women, who share a higher burden of morbidity and mortality, are less likely to exercise than older men: 66 percent of women, compared to 54 percent of men 75 and older, do not engage in leisure-time physical activity according to the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance Survey.

By targeting the health care system, this measure complements national efforts to increase physical activity levels in the community through a wide range of community actions and environmental and policy approaches, as well as behavioral/social interventions recommended by the United States Task Force on Community Preventive Services ("Increasing," 2001).

Engaging in 30 minutes or more of moderate physical activity most days of the week is recommended for the general population by USPSTF ("Increasing," 2001). Increased physical activity is especially important for the older population, which can most benefit from increased activity levels to improve the gradual decline in functioning and health status associated with increasing age (USPSTF, 1996). Furthermore, studies have shown that even a small increase in physical activity leads to health benefits. Encouraging people to be more physically active is even more cost-effective and has greater health benefits than getting people to quit smoking.

Currently there is a low prevalence of physicians counseling patients to exercise; therefore, there is a high potential for organizations to improve on this measure. Examples of effective interventions for changing patient behavior include patient goal setting, written exercise prescriptions, individually tailored exercise regimens and multidimensional approaches. Organizations can help reduce health care costs through cost-effective behavior-change interventions that demonstrate favorable return on investment, especially considering the higher health care charges associated with each risk factor.

#### Evidence for Rationale

Increasing physical activity. A report on recommendations of the Task Force on Community Preventive Services. MMWR Recomm Rep. 2001 Oct 26;50(RR-18):1-14. PubMed

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

U.S. Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Chapter 55, Counseling to promote physical activity. p. 611-624. [128 references]

# Primary Health Components

Exercise; physical activity

# **Denominator Description**

The number of Medicare members 65 years of age and older as of December 31 of the measurement year who responded "Yes" or "No" to the question "In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program."

See the related "Denominator Inclusions/Exclusions" field.

#### **Numerator Description**

The number of members in the denominator who responded "Yes" to the question "In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program."

# Evidence Supporting the Measure

#### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

# Additional Information Supporting Need for the Measure

- Physical activity can be defined as movement that increases your heart rate above its resting rate.
   Regular physical activity can help control weight, reduce the risk of chronic diseases, strengthen bones and muscles and improve mental health (National Institutes of Health [NIH], 2012).
- In 2012, only about 14.8 percent of adults 65 to 74 years and 7.9 percent of adults 75 years and older met both aerobic and muscle-strengthening physical activity guidelines (Centers for Disease Control and Prevention [CDC], 2014).
- Physical activity reduces the risk of developing cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, obesity, colon cancer, breast cancer and cognitive impairment, and can relieve anxiety and depression (American College of Sports Medicine et al., 2009).
- Being physically active can lead to fewer hospitalizations and lower medication use for a variety of illnesses (Elsawy & Higgins, 2010).
- Any amount of physical activity reduces the risk of developing certain chronic conditions and increases quality of life. Health care providers can help older adults attain and maintain health by providing advice on appropriate types and levels of activity (NIH, 2012).

# Evidence for Additional Information Supporting Need for the Measure

American College of Sports Medicine, Chodzko-Zajko WJ, Proctor DN, Fiatarone Singh MA, Minson CT, Nigg CR, Salem GJ, Skinner JS. American College of Sports Medicine position stand. Exercise and physical activity for older adults. Med Sci Sports Exerc. 2009 Jul;41(7):1510-30. PubMed

Centers for Disease Control and Prevention (CDC). Health, United States, 2013. Table 68: participation in leisure-time aerobic and muscle-strengthening activities that meet the federal 2008 Physical Activity Guidelines for Americans among adults aged 18 and over, by selected characteristics: United States, selected years 1998â€"2012. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2014 May. 5 p.

Elsawy B, Higgins KE. Physical activity guidelines for older adults. Am Fam Physician. 2010 Jan 1;81(1):55-9. PubMed

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Institutes of Health (NIH). Exercise: benefits of exercise. [internet]. Bethesda (MD): National Institutes of Health (NIH); 2012 Feb [accessed 2014 Jun 17].

#### **Extent of Measure Testing**

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

#### Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

# State of Use of the Measure

#### State of Use

Current routine use

#### Current Use

not defined yet

# Application of the Measure in its Current Use

# Measurement Setting

Managed Care Plans

# Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

## Statement of Acceptable Minimum Sample Size

Specified

### Target Population Age

Age greater than or equal to 65 years

#### Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

# National Quality Strategy Aim

Better Care

# National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

#### IOM Care Need

Staying Healthy

#### **IOM Domain**

Effectiveness

Patient-centeredness

# Data Collection for the Measure

# Case Finding Period

### **Denominator Sampling Frame**

Enrollees or beneficiaries

#### Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

#### **Denominator Time Window**

not defined yet

#### **Denominator Inclusions/Exclusions**

#### Inclusions

The number of Medicare members 65 years of age and older as of December 31 of the measurement year who responded "Yes" or "No" to the question "In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program."

#### Exclusions

Members assigned one of the following disposition status codes are ineligible for the survey:

Deceased\*

Not enrolled in the Medicare Advantage Organization (MAO)

Language barrier

Removed from sample

Duplicate, beneficiary listed twice in the sample frame

Bad address and nonworking/unlisted phone number, or member is unknown at the dialed phone number

Nonresponse:

Partial complete survey (between 50 percent and 79 percent completed *or* 80 percent or more completed with an Activities of Daily Living [ADL] item unanswered)

Break-off (less than 50 percent completed)

Refusal

Respondent unavailable

Respondent physically or mentally incapacitated

Respondent institutionalized

Nonresponse after maximum attempts

Members who responded "I had no visits in the past 12 months" are excluded from results calculation.

# Exclusions/Exceptions

not defined yet

<sup>\*</sup>Deceased members are excluded from follow-up samples but are included in the calculation of Health Outcomes Survey (HOS) results.

#### Numerator Inclusions/Exclusions

#### Inclusions

The number of members in the denominator who responded "Yes" to the question "In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program."

Exclusions Unspecified

## Numerator Search Strategy

Fixed time period or point in time

#### **Data Source**

Administrative clinical data

Patient/Individual survey

# Type of Health State

Does not apply to this measure

### Instruments Used and/or Associated with the Measure

Medicare Health Outcomes Survey (HOS)

# Computation of the Measure

# Measure Specifies Disaggregation

Does not apply to this measure

# Scoring

Rate/Proportion

# Interpretation of Score

Desired value is a higher score

# Allowance for Patient or Population Factors

not defined yet

#### Standard of Comparison

not defined yet

# **Identifying Information**

## **Original Title**

Physical activity in older adults (PAO): advising physical activity.

#### Measure Collection Name

HEDIS 2016: Health Plan Collection

#### Measure Set Name

Effectiveness of Care

#### Measure Subset Name

Measures Collected Through Medicare Health Outcomes Survey

#### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

# Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

# Funding Source(s)

Unspecified

# Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

# Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

#### Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Oct

#### Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

#### Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

# Measure Availability

Source available for purchase from the National Committee for Quality Measurement (NCQA) Web site

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org \_\_\_\_\_\_\_.

# Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p. National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site:

#### **NQMC Status**

This NQMC summary was completed by ECRI on June 16, 2006. The information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on June 20, 2008. The information was verified by the measure developer on August 6, 2008.

This NQMC summary was updated by ECRI Institute on March 16, 2009. The information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on May 28, 2010, October 17, 2011, November 29, 2012, August 5, 2013, April 23, 2014, May 5, 2015, and again on March 18, 2016.

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# Production

# Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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